

January 4, 2008

Clerk of the Bankruptcy Court
Alexander Hamilton Custom House
One Bowling Green
New York, New York 10004

Ref: RESPONSE TO OBJECTION OF CLAIM

I have discovered by accident that at least one of my claims, No. 24650, is being objected to. I did not receive a copy of the NOTICE. I learned this from receiving a copy of the motion from Fulbright and Jaworski, LLP.

The motion also states that my Claim No. 24649 is accepted and surviving. It does not state any information concerning my Claim No. 24648.

I purchased three separate trailers, was issued three (3) separate Cashable Vouchers, submitted and had accepted three (3) Proofs of Claim:

Trailer # VB5679- Voucher # 24926-	Claim # 24648 Rec'd 3/7/06 \$15,000
Trailer # VB4552- Voucher # 21474-	Claim # 24649 Rec'd 3/7/06 \$15,000
Trailer # VB6729- Voucher # 21475-	Claim # 24650 Rec'd 3/7/06 \$15,000

Please find attached copies of my three (3) invoices, three (3) Cashable Vouchers, and three (3) submitted and accepted Proofs of Claim, proving all three claims, including Claim No. 24650, are valid.

Thank you for your time in reviewing this matter.

Sincerely,

Jerry L. Fenton
17976 W. Sammy Way - Current mailing address
Surprise, AZ 85374
(623) 544-0811 - home (602) 692-3264 - cell
jerryfenton@cox.net

Att: 9



Cc: Bankruptcy Court, Judge Gerber's Chambers
Katten Muchin Rosenman LLP, Jeff J. Friedman, Esq.
Counsel for the Committee, Fulbright & Jaworski LLP, David L. Barrack, Esq.
Office of the United States Trustee, Brian Masumoto, Esq.
Epiq Systems-Bankruptcy Solutions, Ross Matray

5679
SO/ET/ET of Oklahoma
800-366-0082

REP SIGNATURE _____ DATE _____

Cashable Voucher

Voucher Number

24926

Issue Date

12/13/02

Maturity

Estimated at 3 years after issue date

Currency

U.S.

Amount

\$ 15,000

Holder(s) Name

Jerry Fenton

Holder(s) Address

301 Warwick Rd.

Pocahontas, OK 74601

Daytime Telephone

580-718-0370

Item(s) With Serial
Numbers (If any)

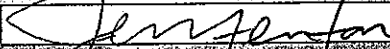
3H BP Sundowner

135UC182321UB5679

Presented by (Merchant)

Sundowner of Oklahoma

Holder(s) Signature



Issued By

The Consumers Trust

(U.S. Administration Address)

225 Broadway

New York

NY 10007

This promotional voucher is hereby offered exclusively to the Holder(s) named above and is only redeemable through the Consumers Trust. Its maximum written value must not exceed \$20,000.00 or local currency equivalent. Important terms and conditions appear on the reverse side of this voucher, please read them carefully.

PROOF OF CLAIM

In Re:

The Consumers Trust,

Debtor.

Chapter 11 Case No.

05-60155 (REG)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

TCT 341/BDN 12/20/05 (MRGFILE6, REFNUM) 31144
JERRY FENTON
301 WARRICK RD
PONCA CITY OK 74601

Telephone number:

602-692-3264

Account or other number by which creditor identifies debtor:

VOUCHER # 24926

THIS SPACE IS FOR COURT USE ONLY

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach statement giving pe

Filed: USBC - Southern District of New York
The Consumers Trust, Et Al.

05-60155 (REG)

0000024648

☐ Check box if you never received any from the bankrupt this case.



☐ Check box if the differs from the address on the envelope sent to you by the court.

Check here if this claim:

☐ replaces

☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other CASHABLE VOUCHER HOLDER (explain)

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (fill out below)

Last Four Digits of your SS#: _____

Unpaid compensation for services performed

from _____ to _____
(date) (date)

2. Date debt was incurred:

12-13-02

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 15,000.00 + (unsecured nonpriority) + (secured) + (unsecured priority) = 15,000.00 (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

7. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(1).
☐ Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
☐ Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.

DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

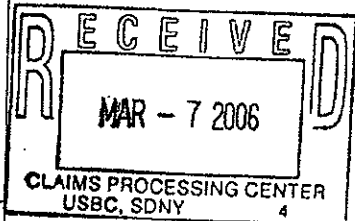
Date

2/27/06

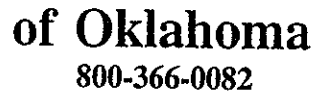
Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

JERRY FENTON

THIS SPACE IS FOR COURT USE ONLY



Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



NAME JERRY FENTON	PHONE HM 580-718-0370
ADDRESS 301 Warwick Rd.	PHONE WK FAX
CITY, STATE, ZIP Ponca E. L.	COUNTY OK 74601
INSURANCE	

[illegible]

CUSTOMER SIGNATURE [Signature] DATE 12-13-02

REP SIGNATURE Michael J. White DATE 12-13-02

Cashable Voucher

Voucher Number	21474	Issued By	The Consumers Trust
Issue Date	12/13/02	(US Administration Address)	
Maturity	Estimated at 3 years after issue date	225 Broadway	
Currency	U.S.	New York	
Amount	\$15,000	NY 10007	
Holder(s) Name	Jerry Fenton		
Holder(s) Address	301 Warwick Rd.		
	Ponca City, OK 74601		
Daytime Telephone	580-718-0370		
Item(s) With Serial Numbers (If any)	2002 Valuelite 3H GN slant		
	135UE252121VB4552		
Presented by (Merchant)	Sundowner of Oklahoma		
Holder(s) Signature	<i>Jerry Fenton</i>		

This promotional voucher is hereby offered exclusively to the Holder(s) named above and is only redeemable through the Consumers Trust. Its maximum written value must not exceed \$20,000.00 or local currency equivalent. Important terms and conditions appear on the reverse side of this voucher, please read them carefully.

PROOF OF CLAIM

In Re: Chapter 11 Case No.
The Consumers Trust, 05-60155 (REG)
Debtor.

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

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Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

TCT 341/BDN 12/20/05 (MRGFILE6, REFNUM) 31143
JERRY FENTON
301 WARWICK RD
PONCA CITY OK 74601

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you never received any from the bankruptcy this case.

☐ Check box if it differs from the ad. the envelope sent to you by the court.

Filed: USBC - Southern District of New York
The Consumers Trust, Et Al.
05-60155 (REG)

0000024649



Telephone number: 602-692-3264

Account or other number by which creditor identifies debtor:

VOUCHER # 21474

Check here if this claim:

☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes

☒ Other CASHABLE VOUCHER HOLDER (explain)

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (fill out below)

Last Four Digits of your SS#: _____

Unpaid compensation for services performed

from _____ (date) to _____ (date)

2. Date debt was incurred:

12-13-02

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 15,000.00 + (unsecured nonpriority) + (secured) + (unsecured priority) = 15,000.00 (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

7. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(1).
☐ Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
☐ Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).

6. Unsecured Nonpriority Claim: \$ 15,000.00

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.

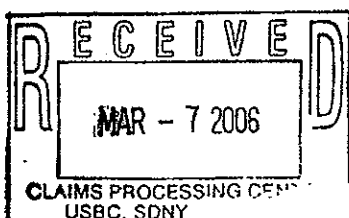
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

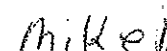
Date: 2/27/06 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

JERRY FENTON

THIS SPACE IS FOR COURT USE ONLY



Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



800-366-0082

NAME _____

Jerry Fenton

PHONE HM

580-718-0370

ADDRESS

501 Warwick Rd.

PHONE WK

FAX

CITY, STATE, ZIP

COUNTY

Ponca City, OK 74601

INSURANCE

TRAILER #

DESCRIPTION

AMOUNT

VB 6729 2003 3H Sundowner 6H

LIST: 19041

Voucher ₹15000

14. 10. 4

115

Total Investment - 19086

Add 3A1. Face

500

Trade-in:

MODEL

YEAR

COLOR

VIN #

LIEN HOLDER

ALLOWANCE

CC 2466 H02-894057

total	19.56%
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CK# 1114

86268

CUSTOMER SIGNATURE

DATE _____

REP SIGNATURE _____

DATE _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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monetary voucher is hereby offered exclusively to the registered consumers of the company.

Sent To THE CONSUMERS TRUST
Street, Apt. No. 777-0000-00

Mail ☐ Express Mail

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK
CONSUMERS TRUST CLAIMS PROCESSING
P.O. Box 5102, Bowling Green Station
New York, NY 10274-5102

PROOF OF CLAIM

In Re: Chapter 11 Case No.
The Consumers Trust, Debtor. **05-60155 (REG)**

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

TCT 341/BDN 12/20/05 (MRGFILE6, REFNUM)
JERRY FENTON
301 WARWICK RD
PONCA CITY OK 74601

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☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach statement giving pr

Filed: USBC - Southern District of New York
The Consumers Trust, Et Al.
05-60155 (REG) 0000024650

☐ Check box if you never received any from the bankrupt this case.



☐ Check box if it differs from the address on the envelope sent to you by the court.

Telephone number: **602-692-3264**

Account or other number by which creditor identifies debtor:

VOUCHER # 21475

Check here if this claim:

☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☒ Other **CASHABLE VOUCHER HOLDER (claim)**

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)

Last Four Digits of your SS#: _____

Unpaid compensation for services performed

from _____ (date) to _____ (date)

2. Date debt was incurred:

12-13-02

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ **15,000.00** (unsecured nonpriority) + _____ (secured) + _____ (unsecured priority) = **15,000.00** (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in

secured claim, if any: \$ _____

7. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(1).

☐ Wages, salaries or commissions (up to \$10,000), earned within 180 days before

filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

6. Unsecured Nonpriority Claim: \$ **15,000.00**

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

✓ 9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.

DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

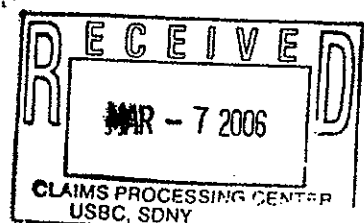
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date _____ Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

2/27/06

JERRY FENTON

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